## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

10/591809

FILING DATE

(FOR USE WITH FORM PTO-875)

## **CLAIMS**

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.	0	<b>4</b>	19	<b>4</b>	0	<b>(-</b>
TOTAL CLAIMS	0		20		0	

PTO - 1360 (REV. 04/2007)

	AS F	ILED	AFTER 1" AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.		IND.	DEP.
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TOTAL IND.	0	-	0	•	0	•
TOTAL DEP	0	<b>4</b>	0	<b>←</b>	0	<b>4</b>
TOTAL CLAIMS	0	U.S. DEBAR	0		0	

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